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btor 1	MICHELLE YVETTE		HODGES
-	First Name	Middle Name	Last Name
otor 2			
ouse, if filing)	First Name	Middle Name	Last Name
d States E	Bankruptcy Court for the:	District of South Caroli	ina
number	_19-05555-hb	/	

2020 JAN -3 PM 4:51

US BANKGUPTCY DISTRICT OF SHIFF CAROLINA

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
olid you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
ndor novelty of a silver to the	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

Signature/of Debtor 1

note 2/2020

X

Signature of Debtor 2

Date

MM / DD / YYYY

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USBANKRUPTCY DISTRICT OF SOUTH CAROLINA

☑ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1.1.	6 YOUNG HARRIS DR Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
		Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property? \$ 215,000.00	Current value of the portion you own? \$ 107,500.00
	SIMPSONVILLE SC 29681 City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other (primary residence)	Describe the nature of interest (such as fee the entireties, or a life	of your ownership simple, tenancy by
	ODEEN WAR	Who has an interest in the property? Check one.	TENANTS IN COM	MMON
	County	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this ite property identification number: MORTGAGE	Check if this is co (see instructions)	mmunity property
f you	own or have more than one, list here:	property identification number. WONTGAGE	REPUDIATED	
	N/A	What is the property? Check all that apply. ☐ Single-family home	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
1.2.		☐ Duplex or multi-unit building	Creditors Willo Have Clair.	ns Secured by Property.
1.2.	Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
1.2.		☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the	Current value of the
1.2.		☐ Condominium or cooperative☐ Manufactured or mobile home	Current value of the	Current value of the portion you own? \$ of your ownership simple, tenancy by

property identification number:

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local

☐ Check if this is community property

(see instructions)

	3. N/A Street address, if availate		What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount of any secu Creditors Who Have Cl Current value of the entire property?	claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own?
	City	State ZIP Code	☐ Timeshare ☐ Other	interest (such as fe	e of your ownership e simple, tenancy by ife estate), if known.
	County		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this its property identification number:	(see instructions)	community property
Add you	the dollar value of the have attached for Part	portion you own for al 1. Write that number h	l of your entries from Part 1, including any entrie	es for pages	\$107,500.00
ou own	, vans, trucks, tractors	gal or equitable interes es. If you lease a vehicle , sport utility vehicles,	t in any vehicles, whether they are registered or a square and a square registered or a square report it on Schedule G: Executory Contracts a motorcycles	not? Include any vehicle and Unexpired Leases.	es
Cars	, vans, trucks, tractors to 'es Make: Model:	KIA FORTE	e, also report it on Schedule G: Executory Contracts	and Unexpired Leases. Do not deduct secured c	aims or exemptions. Put
Cars	, vans, trucks, tractors lo 'es Make:	ss. If you lease a venicles, sport utility vehicles, KIA	motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cl	aims or exemptions. Put
Cars	, vans, trucks, tractors lo /es Make: Model: Year: Approximate mileage:	KIA FORTE 2016	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	aims or exemptions. Put ad claims on <i>Schedule D:</i> ms Secured by Property. Current value of the
Cars	, vans, trucks, tractors lo /es Make: Model: Year: Approximate mileage:	KIA FORTE 2016 111,658 one, describe here:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ad claims on <i>Schedule D:</i> ms Secured by Property. Current value of the portion you own?
Cars	, vans, trucks, tractors lo 'es Make: Model: Year: Approximate mileage: Other information:	KIA FORTE 2016 111,658 one, describe here: NISSAN ALTIMA 2013	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ 2,500.00 aims or exemptions. Put d claims on Schedule D:

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Case number (if known) 19-05555-hb

MICHELLE

Debtor 1

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First Name Middle Name Last Name Last Name Last Name Last Name (if known) 19-05555-hb

3.3.	Make: Model: Year: Approximate mileage: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	ed claims on Schedule D: ims Secured by Property.
3.4.	Make: Model: Year: Approximate mileage: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clair. Current value of the entire property?	ed claims on Schedule D.
4. Wate Exan 2 N	<i>iples:</i> Boats, trailers, motors, personal v o	nd other recreational vehicles, other vehicles, and acces vatercraft, fishing vessels, snowmobiles, motorcycle accesso	s sories ries	
4.1.	Make: Model: Year: Other information:	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D.
		☐ Check if this is community property (see instructions)	\$	\$
	own or have more than one, list here: Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property?	claims on Schedule D
5. Add to	ne dollar value of the portion you ow ave attached for Part 2. Write that nu	instructions) n for all of your entries from Part 2, including any entries mber here	for pages →	5,500.00

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Debtor 1

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	,
Examples: Major appliances, furniture, linens, china, kitchenware	
☐ No ☐ Yes. Describe APPLIANCES AND ALL FURNITURE	\$4,545.00
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi collections; electronic devices including cell phones, cameras, media players, games	ic
☐ No ☐ Yes. Describe TVs, COMPUTERS, PRINTERS, CELL AND ELECTRONIC DEVICES	\$275.00
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No	
Yes. Describe AFRICAN MASKS AND WALL PICTURES	\$350.00
 Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe and kayaks; carpentry tools; musical instruments 	es
☐ No ☑ Yes. Describe 1 BICYCLE, BARBIE JEEP, KEYBOARD AND GUITAR	\$210.00
10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
✓ No ☐ Yes. Describe	\$
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
Yes. Describe EVERDAY DAY CLOTHES	\$223.00
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
□ No □ Yes. Describerings	\$275.00
13. Non-farm animals Examples: Dogs, cats, birds, horses	
☑ No ☐ Yes. Describe	
14. Any other personal and household items you did not already list, including any health aids you did not list	\$
□ No	
Yes. Give specific information	\$125.00
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	
for Part 3. Write that number here	→ \$6,003.00

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Debtor 1

MICHELLE

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Part 4:

Describe Your Financial Assets

Do you own or have an	ny legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claim or exemptions.
16. Cash <i>Examples:</i> Money yo	u have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your	petition
☐ No		Cash:	
		Cash:	\$\$
17. Deposits of money Examples: Checking, and other No	savings, or other financial acco similar institutions. If you have r	unts; certificates of deposit; shares in credit unions, brokera nultiple accounts with the same institution, list each.	age houses,
1 Yes		Institution name:	
	17.1. Checking account:	Bank of America	\$ -240.00
	17.2. Checking account:	TD Bank	
	17.3. Savings account:	Bank of America	
	17.4. Savings account:		T
	17.5. Certificates of deposit:		*
	17.6. Other financial account:		¥
	17.7. Other financial account:		Ψ
	17.8. Other financial account:		*
	17.9. Other financial account:		Ψ
18. Bonds, mutual funds, Examples: Bond funds,	or publicly traded stocks investment accounts with broke	erage firms, money market accounts	
🗹 No		1	
☐ Yes	Institution or issuer name:		
			 \$
			\$
			\$
 Non-publicly traded s an LLC, partnership, a 	tock and interests in incorpor and joint venture	ated and unincorporated businesses, including an inte	rest in
☑ No	Name of entity:	% of owner	rchin:
Yes. Give specific information about		0%	ν ς *
them		0%	 %
		0%	 %

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Debtor 1

21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 1	Non-negotiable instrum	ents are those y	al checks, cashiers' checks, promissory notes, and money orders. you cannot transfer to someone by signing or delivering them.		
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 2 No Yes List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: Retirement account: Koogh: Additional account: Koogh: Additional account: Additional account: Additional account: Additional account: Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others 2 No Yes	Yes. Give specific	Issuer name:			
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 21. No Yes. List each account: Institution name: 401(k) or simitar plan:	them			\$	
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 1 No 1 No 1 Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: SRA: Retirement account: Roogh: Retirement account: Additional account: Seamples: Agreements with landords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others 1 No 2 No 1 No				- \$	
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes List each account separately. Type of account: Institution name:				- \$	
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes List each account separately. Type of account: Institution name:	21. Retirement or pension	accounts			
☑ No □ Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan:			ogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing pla	ns	
account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: Additional account: **Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company **Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications **Companies, or others** Additional account: Additional account:	☑ No		, and provide the second secon	,,,	
401(k) or similar plan: Pension plan:		Type of accour	nt. Institution pages		
Pension plan: RA:	account copulatory.	Type of accoun	n. institution name:		
Retirement account: Regirement account: Keogh: Additional account: Additional account: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		401(k) or similar	plan:	\$	
Relirement account: Keogh: Additional account: Additional account: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Pension plan:		\$	
Retirement account: Keogh: Additional account: Additional account: Additional account: Additional account: S Additional account: Additional account: S Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No		IRA:		\$	
Keogh: Additional account: \$ Additional account: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Retirement acco	ount:		
Additional account: Additional account: \$ \$ \$ 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No		Keogh:			
Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: LAURENS ELECTRIC Gas: PIEDMOUNT NATURAL GAS Heating oit: Security deposit on rental unit: Prepaid rent: Telephone: NO LANDLINE Water: GREENVILLE WATER Rented furniture: Other: \$ 3. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)		Additional accou	int:		
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No					
□ Yes	Your share of all unused	prepayments I deposits you ha	ave made so that you may continue service or use from a company		
Electric: LAURENS ELECTRIC Gas: PIEDMOUNT NATURAL GAS Heating oil: Security deposit on rental unit: Security deposit on rental unit: Frepaid rent: Telephone: NO LANDLINE Water: GREENVILLE WATER Rented furniture: Other: \$ 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	Your share of all unused Examples: Agreements companies, or others	prepayments I deposits you ha	ave made so that you may continue service or use from a company		
Gas: PIEDMOUNT NATURAL GAS \$	Your share of all unused Examples: Agreements to companies, or others	prepayments I deposits you ha	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications		
Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: NO LANDLINE Water: GREENVILLE WATER Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	Your share of all unused Examples: Agreements to companies, or others	prepayments I deposits you ha with landlords, p	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:		
Security deposit on rental unit: Prepaid rent:	Your share of all unused Examples: Agreements to companies, or others	prepayments I deposits you ha with landlords, p Electric:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC	_ \$	0.00
Prepaid rent: Telephone: NO LANDLINE Water: GREENVILLE WATER Rented furniture: Other: S 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	Your share of all unused Examples: Agreements to companies, or others	prepayments I deposits you ha with landlords, p Electric: Gas:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS	\$\$	
Telephone: NO LANDLINE Water: GREENVILLE WATER Rented furniture: Other: S 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you ha with landlords, p Electric: Gas: Heating oil:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS	\$\$	0.00
Water: GREENVILLE WATER Rented furniture: Other: S 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you ha with landlords, p Electric: Gas: Heating oil: Security deposit	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS	\$\$	0.00
Rented furniture: Other: \$	Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you hawith landlords, p Electric: Gas: Heating oil: Security deposit of	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS	\$\$	0.00
Other: \$	Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you ha with landlords, p Electric: Gas: Heating oil: Security deposit of the prepaid rent: Telephone:	ave made so that you may continue service or use from a company prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE	\$\$ \$\$ \$\$ \$\$	0.00
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No	Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you hawith landlords, position Electric: Gas: Heating oil: Security deposit of the prepaid rent: Telephone: Water:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER	\$\$ \$\$ \$\$ \$\$	0.00
Mo No	Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you ha with landlords, p Electric: Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER	\$\$ \$\$ \$\$ \$\$	0.00
☑ No	Your share of all unused Examples: Agreements to companies, or others	prepayments I deposits you ha with landlords, p Electric: Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER	\$\$\$\$\$\$\$\$\$	0.00
Yes	Your share of all unused Examples: Agreements to companies, or others No Yes	prepayments I deposits you have with landlords, p Electric: Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture: Other:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER	\$\$\$\$\$\$\$\$\$	0.00
	Your share of all unused Examples: Agreements to companies, or others No Yes	prepayments I deposits you have with landlords, p Electric: Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture: Other:	ave made so that you may continue service or use from a company repaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER	\$\$\$\$\$\$\$\$\$	0.00
, ····	Your share of all unused Examples: Agreements to companies, or others No Yes	prepayments I deposits you have with landlords, p Electric: Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture: Other:	ave made so that you may continue service or use from a company prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER ment of money to you, either for life or for a number of years)	\$\$\$\$\$\$\$\$\$	0.00
\$	Your share of all unused Examples: Agreements to companies, or others No Yes	prepayments I deposits you have with landlords, p Electric: Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture: Other:	ave made so that you may continue service or use from a company prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: LAURENS ELECTRIC PIEDMOUNT NATURAL GAS on rental unit: NO LANDLINE GREENVILLE WATER ment of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$	0.0

Filed 01/03/20 Entered 01/06/20 08:58:57 Case 19-05555-hb Doc 30 Document HODGE Page 8 of 50 MICHELLE Debtor 1 Case number (if known) 19-05555-hb 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **Ø** No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No No ☐ Yes. Give specific information about them, including whether Federal: you already filed the returns and the tax years..... State: Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No No Yes. Give specific information.....

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Debtor 1

MICHELLE First Name

Case number (if known) 19-05555-hb

21 Interacte in income					
31. Interests in insurance p Examples: Health, disable	p olicies İlitv. or life insuran	ce: health savings account	(UCA), prodit have	wner's, or renter's insurance	
☑ No	,,	oo, noditii saviilgs account	(113A), credit, nomeo	wners, or renter's insurance	
Yes. Name the insura of each policy a	ance company nd list its value	Company name:		Beneficiary:	Surrender or refund value:
•					•
					\$
32. Any interest in property	that is due				
If you are the beneficiary property because someo	of a living trust, ex	rrom someone who has d xpect proceeds from a life in	ied nsurance policy, or are	e currently entitled to receive	
☑ No					
Yes. Give specific info	ormation				
					\$
33. Claims against third par Examples: Accidents, em	rties, whether or ployment disputes	not you have filed a lawsus, insurance claims, or rights	uit or made a deman	d for payment	
□ No					
Yes. Describe each cl	laim	Half of a survivor annu	uity not paid to my	y Mother before death	0.000.00
34. Other contingent and un	liquidated eleim		and the paid to my	y Would before death	\$8,000.00
34. Other contingent and un to set off claims	inquidated claims	s of every nature, includin	g counterclaims of t	the debtor and rights	
□ No					v
Yes. Describe each cl	aim2	counts breach of con	tract with fraudule	ent intent/repudiation	\$20,000,000.00
35. Any financial assets you	did not already l	ist			
	rmation C	ar contract fraud in the	e inducement/con	npensatory and punitive	\$5,000,000.00
36. Add the dollar value of a for Part 4. Write that num	II of your entries	from Part 4, including an	entries for pages y	ou have attached	\$_25,007,809.00
Part 5: Describe Any	y Business-Re	elated Property You	Own or Have a	n Interest In. List any	real estate in Part 1.
37. Do you own or have any					
No. Go to Part 6.	4	more of many basiness.	related property?		
Yes. Go to line 38.					
					Current value of the portion you own?
					Do not deduct secured claims
38. Accounts receivable or co	ammiceione vou	almanda a t			or exemptions.
No	ommissions you	aiready earned			
Yes. Describe					
					¢
39. Office equipment, furnish	ings, and supplie	es			\$
Examples: Business-related co	mputers, software, m	nodems, printers, copiers, fax m	achines, rugs, telephone	es, desks, chairs, electronic devices	•
₩ No		•	. 0-7	-,	•
Yes. Describe					•
					\$

Document Page 10 of 50 **MICHELLE** Debtor 1 **YVETTE** HODGE Case number (if known) 19-05555-hb 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes. Describe...... 41. Inventory ■ No ☐ Yes. Describe...... 42. Interests in partnerships or joint ventures M No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ₩ No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe...... 44. Any business-related property you did not already list ☐ No ☑ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here 0.00 Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims 47. Farm animals or exemptions. Examples: Livestock, poultry, farm-raised fish M No ☐ Yes.....

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Case 19-05555-hb

Doc 30

Case 19-05555-hb Doc 30 Filed 01/03/20 Entered 01/06/20 08:58:57 Debtor 1 MICHELLE YVETTE Document Page 11 of 50 Case number (# known) 19-05555-h	Desc Main
48. Crops—either growing or harvested ✓ No	
Yes. Give specific information	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ✓ No ☐ Yes	
	\$
50. Farm and fishing supplies, chemicals, and feed 2 No	
☐ Yes	
	\$
51. Any farm- and commercial fishing-related property you did not already list No	
Yes. Give specific information	\$
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$ 0.00
Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information	\$ \$ \$
Part 8: List the Totals of Each Part of this Form	
55. Part 1: Total real estate, line 2	\$107,500.00
56. Part 2: Total vehicles, line 5 \$ 5,500.00	
57. Part 3: Total personal and household items, line 15 \$6,003.00	
58. Part 4: Total financial assets, line 36 \$25,007,809.00	
59. Part 5: Total business-related property, line 45	
60. Part 6: Total farm- and fishing-related property, line 52	
61. Part 7: Total other property not listed, line 54 +\$	
62. Total personal property . Add lines 56 through 61\$ \$\(\frac{25,019,312.00}{}\) Copy personal property total →	+ _{\$} _25,019,312.00
63. Total of all property on Schedule A/B . Add line 55 + line 62	\$_25,126,812.00

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Debtor 1		YVETTE HODGES		8 0	
Debtor 2	First Name N/A	Middle Name	0020	Last Name	PM 4: 57
(Spouse, if filing)	First Name	Middle Name	- TOTO	O. C.	
United States E	Bankruptcy Court f	or the: District of South Car	olina	USBAN	RUPTCY BUTH CAROL
Case number	19-05555-h	b	01971	Mile Au	1913

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Proper	ty You	Claim a	s Exempt

1.	You are cla	exemptions are you claiming? aiming state and federal nonban aiming federal exemptions. 11 L	kruptcy exemptions 11	your spouse is filing with you. U.S.C. § 522(b)(3)	
2.	For any proper	rty you list on Schedule A/B t	hat you claim as exem _l	pt, fill in the information below.	
	Brief descripti Schedule A/B	ion of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description: Line from Schedule A/B:	PRIMARY RES	\$ 107,500.00	\$\frac{43,629.00}{100\% of fair market value, up to any applicable statutory limit	15-41-30(A)(1)
	Brief description: Line from Schedule A/B:	2016 KIA FORTE	\$ <u>2,500.00</u>		15-41-30(A)(2)
	Brief description: Line from Schedule A/B:	APPL/FURN/ELECT	\$5,000.00	\$ 5,000.00 100% of fair market value, up to any applicable statutory limit	15-41-30(A)(3)
} _	Are you claimin (Subject to adjus	ng a homestead exemption of strnent on 4/01/22 and every 3 y	more than \$170,350? ears after that for cases	filed on or after the date of adjustment.)	

V No

☐ No ☐ Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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MICHELLE YVETTE HODGES

First Name Middle Name

Debtor 1

Case number (if known) 19-05555-hb

Part 2:

Additional Page

Brief descripti on Schedule A	on of the property and line d/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:	APPL/FURN/ELECT	\$1,003.00	■ 1,003.00 100% of fair market value, up to any applicable statutory limit	15-41-30(A)(7) Remainder of furniture and unused portion of homest.
Brief description: Line from Schedule A/B:	Jewelry	\$275.00	\$275.00 \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	115-41-03(a)(4)
Brief description: Line from Schedule A/B:	Settlement/Wells	\$_20,000,000.00	 ■ \$ 20,000,000. ■ 100% of fair market value, up to any applicable statutory limit	42 USC § 1717 Federal Non Bankruptcy
Brief description: Line from Schedule A/B:	Settlement/Kia/Ally	\$_5,000,000.00	 ∑ \$ 5,000,000.C □ 100% of fair market value, up to any applicable statutory limit 	42 USC § 1717 Federal Non Bankruptcy
Brief description: Line from Schedule A/B:	Survivor Annuity	\$8,000.00	\$ 8,000.00 100% of fair market value, up to any applicable statutory limit	10 USC § 1450 Federal Non Bankruptcy
Brief description: Line from Schedule A/B:		\$	\$ to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit	

Fill in this in	formation to ident	ify your case:			, N		
Debtor 1	MICHELLE	YVETTE	HODG	SES			
Debtor 2	First Name	Middle Name	Lasl Name	0000	AN -	3	PM 4: 57
(Spouse, if filing)	First Name	Middle Name	Last Name	7070 3	There		· VOTOTOV
United States E	Bankruptcy Court for th	ne: District of South Carolina		1	JS B	/////////////////////////////////////	(RUPTCY NUTH CAROLINA
Case number	19-05555-hb			THEFT			
(If known)							

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

 Do any creditors have claims secured No. Check this box and submit this for Yes. Fill in all of the information below 	rm to the court with your other schedules. You have noth	ing else to report on t	this form.	
Part 1: List All Secured Claims				
As much as possible, list the claims in alp	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
WELLS FARGO	Describe the property that secures the claim:	\$ <u>171,371.00</u>	\$ 215,000.00 §	•
Creditor's Name CLAIMS SUCESSOR TO NVR Number Street PO BOX 10335 DES MOINES IA 50306 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 03/28/0201 2.21 ALLEY FINANCIAL	6 YOUNG HARRIS DR SIMPSONVILLE, SC 29681 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 0 8 0 1			
Creditor's Name	Describe the property that secures the claim:	\$ 8,575.00	\$\$\$	6,075.00
PO Box 380901 Bloomington MI 55438 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	 □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) 			
Date debt was incurred 09/14/0201	Last 4 digits of account number 7 7 2 1			
Add the dollar value of your entries in C	olumn A on this page. Write that number here:	179,946.00		

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MICHELLE

YVETTE

Last Name

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Debtor 1

HODGES

Case number (if known) 19-05555-hb

by 2.4, and so forth.	is page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
CARMAX Financial Creditor's Name	Describe the property that secures the claim:	\$11,441.00	\$ 3,000.00	-
	2013 NISSAN ULTIMA			
Number Street	2010 MICOAN CETTIVIA			
2800 Laurens Rd	As of the data was St. at			
Greenville SC 2960	 As of the date you file, the claim is: Check all that apply Contingent 	•		
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
 Check if this claim relates to a community debt 	Other (including a right to offset) Car loan	-		
Date debt was incurred	Last 4 digits of account number 0 1 2 1			
	Describe the property that secures the claim:	s 100.00	100.00	
Creditor's Name	2333100 the property that secures the claim:	\$	\$100.00 _{\$}	
Number Street	 Fashion Ring 			
307 Mauldin Rd	As of the date you file the elain in Out on the			
	As of the date you file, the claim is: Check all that apply. Gontingent			
Greenville SC	☐ Unliquidated			
otate ZIF Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	carioan)			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Cash America Pawn Creditor's Name	Describe the property that secures the claim:	175.00	s175.00 _{\$}	
	_ Fashion Ring			
Number Street				
307 Mauldin RD	As of the date you file About			
Greenville SC 29605	 As of the date you file, the claim is: Check all that apply. Contingent 			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your ontain	s in Column A on this page. Write that number here: s			
raide of your entire	on Column A on this page. Write that number here	11,716.00		

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HODGES

Debtor 1

MICHELLE

YVETTE Last Name

Case number (if known) 19-05555-hb

Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	A n Do	nount of claim not deduct the ue of collateral.	Va	umn B lue of collateral it supports this im	Column C Unsecured portion If any
STANLEY G. WITHERSPOON Creditor's Name	Describe the property that secures the claim:	 \$	107,500.00	\$	215,000.00 \$	-
Number Street 222 RUTHERFORD RD	6 YOUNG HARRIS DR SIMPSONVILLE, SC 29681					
GREENVILLE SC 29605 City State ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	'.				
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt 	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)	******				
Date debt was incurred	Last 4 digits of account number 0 8 0 1					
Creditor's Name	Describe the property that secures the claim:	\$		\$	\$_	
Number Street						
City State ZIP Code Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed					
Debtor 1 only	Nature of lien. Check all that apply.					
Debtor 2 only	An agreement you made (such as mortgage or secured					
Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)	-				
Date debt was incurred	Last 4 digits of account number					
Creditor's Name Number Street	Describe the property that secures the claim:	\$		\$	\$	
City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)					
Date debt was incurred	Last 4 digits of account number					
	in Column A on this page. Write that number here:		107,500.00			
If this is the last page of your form, a Write that number here:	dd the dollar value totals from all pages.		299,162.00			

Case 19-05555-hb Doc 30 Filed 01/03/20 Entered 01/06/20 08:58:57 Desc Main Document Page 17 of 50 Fill in this information to identify your case: MICHELLE **YVETTE** HODGES Debtor 1 First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name 2020 JAN 3 PM 4:57 United States Bankruptcy Court for the: District of South Carolina 19-05555-hb ☑ Check if this is an Case number (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 196A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 196G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount WATKIN GARRET WOODS Last 4 digits of account number 2 0 4 0 \$ 425.00 \$ 425.00 \$ Priority Creditor's Name 1011 AUGUSTA ST 07/05/2015 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. **GREENVILLE** SC 29605 □ Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? intoxicated Other. Specify FUNERAL EXPENSES No. ☐ Yes LIBERTY MUTUAL INSURANCE Last 4 digits of account number 5 2 6 3 Priority Creditor's Name When was the debt incurred? 09/03/2019 **BILLING OPERATIONS** 100 LIBERTY WAY As of the date you file, the claim is: Check all that apply. **DOVER** Contingent 15086 ☐ Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Is the claim subject to offset? ✓ Other. Specify AUTO INSURANCE **Ø** No

☐ Yes

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Debtor 1

MICHELLE

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

GREENVILLE COUNTY PROBATE Priority Creditor's Name 301 UNIVERSITY RIDGE Number Street GREENVILLE SC 29601	Last 4 digits of account number 2 0 4 0 When was the debt incurred? 08/01/2016	\$670.00	• 670.00	
Number Street GREENVILLE SC 29601	When was the debt incurred? 08/01/2016		\$_070.00	\$
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
☑ Debtor 1 only ☐ Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
The Charles Claim is for a community debt	Other. Specify COURT FEES			
s the claim subject to offset?				
M No				
Yes				
riority Creditor's Name	Last 4 digits of account number	\$;	\$	\$
umber Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
ity State ZIP Code	Unliquidated			
/ho incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	_			
Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury white			
Check if this claim is for a community debt	intoxicated			
the claim subject to offset?	Other. Specify			
No				
Yes				
ority Creditor's Name	Last 4 digits of account number \$	\$		3
	When was the debt incurred?	-	· · · · · · · · · · · · · · · · · · ·	
mber Street				
	As of the date you file, the claim is: Check all that apply.			
State 7ID Code	☐ Contingent			
State Zir Code	Unliquidated			
no incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify	11/16/2		
he claim subject to offset?	— Gares, opecally	1730		

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Debtor 1

List All of Your NONPRIORITY Unsecured Claims

Dъ	Э.

3.	Do any creditors have nonpriority u No. You have nothing to report in t Yes					
4.	nonpriority disecuted claim, list the cre	editor sepa editor holds	rately for each clair	order of the creditor who holds each claim. If a creditor han a creditor han been claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three not	4 11-4 -1-1	
4.1	ALWAYS MONEY			Last 4 digits of account number 8 1 4 4	Total c	laim
	Nonpriority Creditor's Name 1103 J N MAIN ST STE B			When was the debt incurred?	\$	906.00
	Number Street FOUNTAIN INN City	SC State	29644 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a commuls the claim subject to offset? ☐ No ☐ Yes			□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify LOAN	s	
4.2	AT & T WIRELESS Nonpriority Creditor's Name 1121 WOODRUFF RD			Last 4 digits of account number	\$	105.00
	Number Street GREENVILLE	sc	29607	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another ☐ Check if this claim is for a commu Is the claim subject to offset? ☐ No			 □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify UTILITY 	,	
4.3	CASHNET USA Nonpriority Creditor's Name 175 W. JACKSON BLVD STE Number Street	1000		Last 4 digits of account number 8 1 4 8 When was the debt incurred?	\$1	1,034.00
	CHICAGO City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	IL State	60604 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a commur Is the claim subject to offset? ☐ No ☐ Yes	nity debt		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify LOAN 		

Debtor 1

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Af	ter listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth. Total claim
4.4	GREENVILLE FEDERAL CREDIT UNION	Last 4 digits of account number 2 0 4 0 s 1,785.00
	Nonpriority Creditor's Name 1501 WADE HAMPTON BLVD	When was the debt incurred? 05/20/2013
	Number Street GREENVILLE SC 29609	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD
4.5		Last 4 digits of account number 2 0 9 3 \$ 952.00
	PO BOX 10587	When was the debt incurred? $04/11/2008$
	Number Street GREENVILLE SC 29603	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify <u>CREDIT CARD</u>
4.6	NELNET Nonpriority Creditor's Name PO BOX 82561	Last 4 digits of account number $\frac{7}{90}$ $\frac{0}{4}$ When was the debt incurred? $\frac{00}{19}$
	Number Street	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans
	Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
	□ No □ Yes	Other. Specify

Debtor 1

Firet Mama	64:441	

Part 2:	Your NONPRIORITY	Unsecured	Claims —	Continuation	Pag
---------	------------------	-----------	----------	--------------	-----

At	fter listing any entries on this page, n	umber the	em beginning with	4.4, followed by 4.5, and so forth.	WALL TO THE TOTAL THE TOTAL TO	Total claim
<u> </u>	7			·		i otai otaiiii
4.7	PELHAM SPARTANBURG R	REGIOIN	AL HOSPITAL	Last 4 digits of account number		s 3,644.00
	250 WESTMORELAND RD			When was the debt incurred?	10/15/2018	*
	Number Street GREER	SC	29651	As of the date you file, the claim	is: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe ☐ Check if this claim is for a commuls the claim subject to offset?		ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecur Student loans Obligations arising out of a separ you did not report as priority clair Debts to pension or profit-sharing	ration agreement or divorce that	
4.8	☐ No ☐ Yes			☑ Other. Specify MEDICAL		
4.0	T MOBILE			Last 4 digits of account number	2 0 4 0	s 732.00
	Nonpriority Creditor's Name 1401 D WOORUF RD			When was the debt incurred?		70111 TV MI
	Number Street GREENVILLE	sc	29607	As of the date you file, the claim	is: Check all that apply	
	City	State	ZIP Code	Contingent	теления и предоставления и предоставлени	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another			Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separa		
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claim	ns .	
	Is the claim subject to offset? No Yes			☐ Debts to pension or profit-sharing☐ Other. Specify PHONE/HO	plans, and other similar debts T SPOT	
4.9	ST FRANCIS HOSPITAL Nonpriority Creditor's Name			Last 4 digits of account number		\$_2,570.00
	125 COMMONWEALTH DR Number Street			When was the debt incurred?	***************************************	
	GREENVILLE	SC	29615	As of the date you file, the claim is	s: Check all that apply.	
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	State	ZIP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans		
	☐ Check if this claim is for a community the claim subject to offset? ☐ No ☐ Yes	ity debt		 □ Obligations arising out of a separal you did not report as priority claims □ Debts to pension or profit-sharing p □ Other. Specify MEDICAL 	3	

Del	Case 19-05555-hb	Doc 30	Documen)		sc Main	1
	First Name Middle Name	Last Nan	ne			
Pa	art 2: List All of Your NONPRIC	ORITY Un	secured Clain	ns		
3.	Do any creditors have nonpriority u					
	No. You have nothing to report in a Yes	this part. Si	ubmit this form to	the court with your other schedules.		
4.	monpriority and cource cigin, not the ci	editor holds	ratery for each co	al order of the creditor who holds each claim. If a creditor ha aim. For each claim listed, identify what type of claim it is. Do no n, list the other creditors in Part 3.If you have more than three no	411.4 1 1	
					Total cl	aim
ш.	GUARDIAN PROTECTION S Nonpriority Creditor's Name	ERVICE	S	Last 4 digits of account number 2 0 4 0		101.00
	1600 WEST 7TH ST			When was the debt incurred? 06/12/2018	\$	101.00
	Number Street					
	FORTHWORTH City	TX State	76102 ZIP Code	As of the date you file, the claim is: Check all that apply.		
				☐ Contingent		
	Who incurred the debt? Check one. Debtor 1 only			☐ Unliquidated		
	Debtor 1 only Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and anothe			Student loans		
	Check if this claim is for a commu	unity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset? I No			Debts to pension or profit-sharing plans, and other similar debts	5	
	Yes			■ Other. Specify SEURITY SERVICES		
	HSN			Last 4 digits of account number 2 0 4 0		81.00
	Nonpriority Creditor's Name			When was the debt incurred? 05/01/2018	\$	01.00
	1 HSN DR Number Street					
	ST PETERSBURG	FL	33719	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commu	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify PAYMENT PLAN	i	
	Yes			Other, Specify I AT IVIENT PLAIN		
				Land III II		
	Nonpriority Creditor's Name			Last 4 digits of account number When was the debt incurred?	\$	
	Number Street		***			
	City	State	71D Co.4s	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	Jiait	ZIP Code	Contingent		
	Debtor 1 only			☐ Unliquidated		
	Debtor 2 only			☐ Disputed		-
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
				☐ Student loans		
	Check if this claim is for a community the claim subject to offert?	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	Yes			Other. Specify		

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YVETTE

Debtor 1

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. ENHANCED RECOVERY COMPANY On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 57547 Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ____ **JACKSONVILLE** FL 32241 ZIP Code **AMERICOLLECT** On which entry in Part 1 or Part 2 did you list the original creditor? Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims 1851 S. ALVERNO RD Number Street Part 2: Creditors with Nonpriority Unsecured Claims MANITOWOC WI 54220 Last 4 digits of account number ___ __ __ State ZIP Code NCA (NATIONAL CREDIT ADJUSTERS) On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 550327 Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured W FOURTH ST HUTCHINSON KS 67504 Last 4 digits of account number ___ __ __ ZIP Code WAKEFIELD AND ASSOCIATES On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 50250 Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Street Part 2: Creditors with Nonpriority Unsecured Claims **KNOXVILLE** TN 37950 Last 4 digits of account number ___ _ ZIP Code MANAGED RECOVERY SERVICES On which entry in Part 1 or Part 2 did you list the original creditor? 301 MILLS AVENUE Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street ☐ Part 2: Creditors with Nonpriority Unsecured Claims **GREENVILLE** SC 29605 Last 4 digits of account number ___ __ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street ☐ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ____ _ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured

City

Last 4 digits of account number _____

Claims

State

ZIP Code

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Total claim

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$
from Part 1	6b. Taxes and certain other debts you owe the government	6b. _{\$}
	6c. Claims for death or personal injury while you were intoxicated	6c.
	6d. Other . Add all other priority unsecured claims. Write that amount here.	6d. + \$ 143/. 00
	6e. Total . Add lines 6a through 6d.	6e. \$ 1431.00
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ -10,623.00
irom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$</u>
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$</u> 41,728.00 //9/0
	6j. Total . Add lines 6f through 6i.	6j. \$ 22,351.00
		13.341

Fill in this in	formation to iden	tify your case:			Benze same
	MICHELLE First Name	YVETTE Middle Name	HODGES Last Name		
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name 2020	JAN -3	PM 4:57
United States B	ankruptcy Court for th	ne: District of South Carolina			CHIPTCY
Case number	19-05555-gh		PISTR	MOT OF S	KRUPTCY BUTH CAROLINA

☑ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

State

ZIP Code

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and

Person or company with whom you have the contract or lease State what the contract or lease is for TWIN CREEKS C/O ASSOCIATION MGMT GROUP HOME OWNER ASSOCIATION DUES AND Name PROPERTY MAINTAINANCE. PO BOX 10265 Number Street **GREENSBORO** NC 27404 State ZIP Code 2.2 CASH AMERICA PAWN Holding pledged property for payment 307 MAULDIN RD Number Street **GREENVILLE** SC 29605 State ZIP Code 2.3 LIBERTY MUTUAL INSURANCE VEHICLE INSURANCE Name 100 LIBERTY WAY Number **DOVER** NH 15086 City State ZIP Code LADSON GARBAGE Name TRASH PICK UP 301 WILLIAMS DDIR Number SIMPSONVILLE SC 29681 City State ZIP Code 2.5 Name Number Street City

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Debtor 1	MICHELLE First Name	YVETTE Middle Name	HODGES Last Name			las:	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	1	2020 -	JAN	-3	PM 4:57
Jnited States E	Bankruptcy Court for the:	District of South Carolina				o a sup	COUPTCY
Case number (If known)	19-05555-hb		_	nistR [†]	čf i	Ge St Dwn	RUPTCY BUTH CAROLINA

☑ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and

Ø N	u have any codebtors? (If you are filing a	a joint case, do not	t list either spouse	e as a codebtor.)	
☐ Ye	o .			•	
Within		ommunity propert New Mexico, Puerto	y state or territo o Rico, Texas, W	ry? (Community property states and territories in ashington, and Wisconsin.)	nclude
☐ Ye	es. Did your spouse, former spouse, or leg	al aminotent II	•••		
	No	ai equivalent live w	/ith you at the tim	e?	
		v did vou livo?		Fill in the name and current address of that po	
	,	y did you live!		Fill in the name and current address of that p	erson.
	Name of your spouse, former spouse, or legal equiva				
	, ionici spouse, or legal equiva	lient			
	Number Street			_	
	City State		ZIP Code		
Schedi Schedi	ule D (Official Form 106D), Schedule E/l ule E/F, or Schedule G to fill out Columi	F (Official Form 4	rantor or cosign 06E/F), or Sched	or if your spouse is filing with you. List the pe er. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,	erson
Schedi Schedi	ule D (Official Form 106D). Schedule F/I	F (Official Form 4	rantor or cosign 06E/F), or S <i>ch</i> ed	or if your spouse is filing with you. List the peter. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D, **Column 2: The creditor to whom you come.	
Schedi Schedi	ule D (Official Form 106D), Schedule E/l ule E/F, or Schedule G to fill out Columi	F (Official Form 4	rantor or cosign D6E/F), or Sched	ter: make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,	
Schedi Schedi Colum	ule D (Official Form 106D), Schedule E/l ule E/F, or Schedule G to fill out Columi	F (Official Form 4	rantor or cosign 06E/F), or Sched	Check all schedules that apply:	
Schedi Schedi Colum	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Column In 1: Your codebtor	F (Official Form 4	rantor or cosign 06E/F), or <i>Sche</i> o	ier: make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you o	
Schedi Schedi Colum N/A Name	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Column In 1: Your codebtor	F (Official Form 4	rantor or cosign 06E/F), or Sched	Check all schedule D, line	
Schedi Schedi Colum N/A Name	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Column In 1: Your codebtor	F (Official Form 10	rantor or cosign D6E/F), or Sched	Column 2: The creditor to whom you come that apply: Schedule D, line Schedule E/F, line	
Schedi Schedi Colum N/A Name	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Columnian 1: Your codebtor	F (Official Form 10	06E/F), or Sched	Column 2: The creditor to whom you contact the characteristic of the column of the characteristic of the chara	
Schedi Schedi Colum N/A Name Numbe	ule D (Official Form 106D), Schedule E/J ule E/F, or Schedule G to fill out Column an 1: Your codebtor Street	F (Official Form 10	06E/F), or Sched	Column 2: The creditor to whom you contact the characteristics of the column 2: The creditor to whom you contact the characteristics of t	
Schedi Schedi Colum N/A Name Numbe	ule D (Official Form 106D), Schedule E/J ule E/F, or Schedule G to fill out Column an 1: Your codebtor Street	F (Official Form 10	06E/F), or Sched	Column 2: The creditor to whom you content and the creditor of the column 2: The creditor to whom you content and the creditor of the creditor to whom you content and the creditor of	
Schedi Schedi Colum N/A Name Numbe	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Column and 1: Your codebtor Street Street	F (Official Form 10 n 2.	ZIP Code	Column 2: The creditor to whom you contact the characteristics of the column 2: The creditor to whom you contact the characteristics of t	
Schedi Schedi Colum Name Number	ule D (Official Form 106D), Schedule E/J ule E/F, or Schedule G to fill out Column an 1: Your codebtor Street	F (Official Form 10 n 2.	06E/F), or Sched	Column 2: The creditor to whom you content and the creditor of the column 2: The creditor to whom you content and the creditor of the creditor to whom you content and the creditor of	
Schedi Schedi Colum Name Number	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Column and 1: Your codebtor Street Street	F (Official Form 10 n 2.	ZIP Code	Column 2: The creditor to whom you content and the creditor of the column 2: The creditor to whom you content and the creditor of the	
Schedie Schedi	ule D (Official Form 106D), Schedule E/l ule E/F, or Schedule G to fill out Column an 1: Your codebtor Street Sta	F (Official Form 10 n 2.	ZIP Code	Column 2: The creditor to whom you content and the creditor of the column 2: The creditor to whom you content and the creditor of the	
Schedi Schedi Colum Name Number City	ule D (Official Form 106D), Schedule E/lule E/F, or Schedule G to fill out Column and 1: Your codebtor Street Street	F (Official Form 10 n 2.	ZIP Code	Column 2: The creditor to whom you content and the creditor of the column 2: The creditor to whom you content and the creditor of the	

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		ify your case:				for the same trans	
Debtor 1	MICHELLE First Name	YVETTE	HODGES			FILED 20 JAN -3 PM 4:57	
Debtor 2	1 ast Maus	Middle Name	Last Name		50	20 JAM - VICTOY	\
(Spouse, if filing)		Middle Name	Last Name	w		US BANKRUPTCY US BANKRUPTCY STRICT OF SHITTI CAROLIN	~~1
United States E		e: District of South Carolina			<i>1</i> /	STRICE	
Case number	19-05555-hb				Check if		
						nended filing	
						plement showing postpetition	chantor
fficial Fo	rm 106l				incom	e as of the following date:	nahtet
					MM / [DD / YYYY	
		ur Income				or 2), both are equally responsib	12/15
art 1: D	escribe Employr			s cas	minoer (if N	y, both are equally responsible, fou, include information about y use. If more space is needed, at nown). Answer every question.	
Fill in your e information	employment		Debtor 1			.	
If you have n	nore than one job,		Deptor 1			Debtor 2 or non-filing spous	se
attach a sepa	arate page with	Employment status	☑ Employed				
employers.			Not emplo			☐ Employed☐ Not employed	
Include part-l self-employe	time, seasonal, or d work					— Not employed	
Occupation n	nay include student er, if it applies.	Occupation	COURIER/II	NDEPEND	ENT CON.		·
		Employer's name	Partsfleet a	USPack co	mpany		
		Employer's address	2251 LYNX	I ANCE #5			
			Number Street	<u> </u>		Number Street	
			ORLANDO	FL	32804		
		Hamilton	City		32804 Code	City State ZIP	Code
		How long employed there	City			City State ZIP	Code
rt 2: Giv	/e Details About		City			Side Control Control	Code
	e Details About	Monthly Income	City ? 2.6 years	State ZIP	Code	2.6 years	
stimate mon	thly income as of t you are separated.	Monthly Income the date you file this form.	City ? 2.6 years If you have nothi	State ZIP	Code	2.6 years 2.6 years 2.6 years	
stimate mon oouse unless you or your n	othly income as of the you are separated.	Monthly Income	City ? 2.6 years If you have nothi	State ZIP	Code	2.6 years 2.6 years 2.6 years	
stimate mon oouse unless you or your n elow. If you n	othly income as of to you are separated. non-filing spouse have eed more space, att	Monthly Income the date you file this form. The more than one employer, of the ach a separate sheet to this the second sec	City ? 2.6 years If you have nothicombine the infoform.	State ZIP ing to report for all	Code	2.6 years 2.6 years 2.6 years 2.6 years 2.6 years 2.6 years	
stimate mon couse unless you or your n elow. If you no	othly income as of to you are separated. non-filing spouse have eed more space, att	Monthly Income the date you file this form.	City ? 2.6 years If you have nothicombine the infoform.	State ZIP ing to report for all	or any line, write	2.6 years 2.6 years 2.6 years 2.6 years 2.6 years 2.6 years	
stimate mon couse unless you or your n elow. If you no ist monthly leductions). If	othly income as of to you are separated. non-filing spouse have eed more space, att	Monthly income the date you file this form. The more than one employer, and a separate sheet to this form. The more than one employer, and a separate sheet to this form. The more than one employer, and a separate sheet to this form. The more than one employer, and a separate sheet to this form.	City ? 2.6 years If you have nothicombine the infoform.	State ZIP ing to report for all For	or any line, write	2.6 years 2.6 years 2.6 years 2.6 years 2.6 years 2.6 years	

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Case number (if known) 19-05555-hb

HODGES

YVETTE

MICHELLE

Debtor 1

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$	\$	
5. List all payroli deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	\$	
5c. Voluntary contributions for retirement plans	5c.	\$		
5d. Required repayments of retirement fund loans	5d.	\$	\$	
5e. Insurance	5e.	\$	\$	
5f. Domestic support obligations	5f.	\$	\$ \$	
5g. Union dues	5g.	\$	\$	
5h. Other deductions. Specify:	5h.	+\$	+ \$	
		¥	. • Ф	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
8. List all other income regularly received:				
 Net income from rental property and from operating a business, profession, or farm 				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ <u>2,219.00</u>	\$	
8b. Interest and dividends	8b.	\$	\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent	T		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
Specify:	8f.	\$	\$	
8g. Pension or retirement income	8g.	\$	\$	
8h. Other monthly income. Specify:	8h.	+\$	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$ <u>2,219.00</u>	+ \$=	2,219.00
11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, your friends or relatives.	dule J. your de	ependents, your roo	mmates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are Specify: DAUGHTER'S INCOME FOR CAR \$292 X 4 MONTHS	not av	ailable to pay expen 195	nses listed in <i>Schedule J</i> . 11. +	- \$ 195.00
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S	result Statistic	is the combined mo	nthly income	\$ 2,414.00 Combined
13. Do you expect an increase or decrease within the year after you file this f	form?			monthly income
Yes. Explain:				

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Fill	in this in	nformation to identify	your case:							
Deb	itor 1	MICHELLE	YVETTE	HODGE	≣S	01 1 15 11 1				
Deb	tor 2	First Name	Middle Name	Lasl Name		Check if this				
(Spo	use, if filing)	First Name	Middle Name	Last Name		✓ An amen✓ A supple		uina nootr	otition a	-h
Unit	ed States	Bankruptcy Court for the:	District of South Caroli	ina		expense:	s as of the	ving postp following	etition (date:	cnapter 13
	e number	19-05555-hb				MM / DD /	YYYY	-		
				· · · · · · · · · · · · · · · · · · ·				<u> 3</u>	2	
Off	icial F	Form 106J	_					SR SR SR		
Sc	hed	ule J: Yo	ur Expens	ses				30 30		111-
Be as	comple	te and accurate as p	ossible. If two married ed, attach another sh	people are fil	ing together, bot n. On the top of a	h are equally res ny additional pa	ponsible foges, write	your name		ct se number
Part	1:	Describe Your Hou	ısehold					AROL		
1. Is t	his a joir	ıt case?						3	8	
	No. Go Yes. Do		separate household?					J		
			e Official Form 106J-2,	Expenses for S	Separate Househoi	ld of Debtor 2.				
2. Do		e dependents?	□ No							
	not list Dotor 2.	ebtor 1 and	Yes. Fill out this i each dependent.	nformation for	Dependent's rela Debtor 1 or Debto	tionship to or 2	Depe age	ndent's	Does d with yo	ependent live u?
Do nan		the dependents'			DAUGHTER		21		☐ No ☑ Ye:	
					· · · · · · · · · · · · · · · · · · ·		V	·	☐ No	
									U Ye: □ No	S
							-		☐ No	6
									☐ No	
									Yes	6
								····	☐ No☐ Yes	:
exp	enses of	enses include people other than your dependents?	☑ No ☐ Yes							•
Part 2	: Est	imate Your Ongoi:	ng Monthly Expens	es						
Estima	ate your	expenses as of your	bankruptcy filing date	e unless you a	re using this forn	n as a suppleme	nt in a Cha	pter 13 ca	se to rer	oort
expen	ses as of able date	a date after the bank	kruptcy is filed. If this	is a suppleme	ental <i>Schedule J</i> ,	check the box a	t the top of	the form	and fill i	n the
Includ	e expens	es paid for with non	-cash government ass	sistance if you	know the value of	of				
			it on Schedule I: You				Yo	our expens	es	
any	rent for	the ground or lot.	kpenses for your resid	gence. Include	first mortgage pay	ments and	4. \$		539	.00
lf n 4a.		led in line 4:								
4a. 4b.			ntor'o incursos				4a. \$			
40. 4c.		ty, homeowner's, or re maintenance, repair, a					4b. \$			
4d.		wner's association or					4c. \$		0.77	
	00	a. a accordance of	oondonmium dues				4d. \$		3/	.00

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Debtor 1

MICHELLE

YVETTE

HODGES

Case number (if known) 19-05555-hb

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 5. 6. Utilities: Electricity, heat, natural gas 6a. 6b. Water, sewer, garbage collection 6b. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: MISCELLANEOUS 6d. 302.00 7. Food and housekeeping supplies 757.00 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 159.00 9. Personal care products and services 70.00 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: HEALTH INSURANCE STANDARD 110.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17h 17c. Other. Specify: STANDARD VEHICLE 508.00 17c. 17d. Other. Specify: OPERATION STANDARDS FOR VEHICLE 210.00 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. 20e. Homeowner's association or condominium dues 20e.

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Debtor 1	MICHELLE YVETTE HODGES First Name Middle Name Last Name	Case number (if known) 19-	05555-hb	
21. Ot h	ner. Specify:	21.	+\$	
22. Cal	culate your monthly expenses.			
22a	. Add lines 4 through 21.	22a .	\$	2,692.00
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	2,692.00
23. Calc ı	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a .	\$	2,414.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,692.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	the yet 23c.	\$	-278.00
4. Do y o	ا ou expect an increase or decrease in your expenses within the year after you			
For ex mortg	cample, do you expect to finish paying for your car loan within the year or do you e age payment to increase or decrease because of a modification to the terms of you	xpect your		
☑ No ☐ Ye				
	s. Explain here:			

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Fill in this in	nformation to identif	y your case:				Ch	eck as directed in line	c 17
ebtor 1	MICHELLE	YVETTE	HOD	GES		Ac	cording to the calculation	
ebtor 2	First Name	Middle Name	Last Name		-	this	Statement:	•
Spouse, if filing)	First Name	Middle Name	Last Name		-		1. Disposable income in under 11 U.S.C. § 13	s not determin
nited States I	Bankruptcy Court for the:	District of South Carolin	na				2. Disposable income is	
ase number	19-05555-hb						under 11 U.S.C. § 13	325(b)(3).
lf known)						V	3. The commitment per	iod is 3 years.
							4. The commitment per	
fficial F	Form 122C-1	1				×	r Check if this is an am ∖	ended filing
								
hapte	er 13 State	ment of Yo	ur Cur	rent F	Mont	hly Incon	70	
nd Ca	Iculation o	of Commitm	ont D				116	
							115 U.A.	10/19
as complet	te and accurate as pe	ossible. If two married parate sheet to this for	people are f	ilina toaett	er both	aro ogually roons	- 1 S	
of any add	needed, attach a se litional pages, write	ossible. If two married parate sheet to this for your name and case nu	m. Include t	he line nun	iber to w	hich the additiona	isione for being agour	ite. If On the
	pagoo, wille)	, var name and case nu	imber (if kno	own).			-100	Carran Ou ruld (
rt 1: C	alculate Your A	arago Mandel I					R2 .	F
		erage Monthly Incon					9 % ()	
What is you	ur marital and filing	status? Check one only.						Courses!
-	rried. Fill out Column						TCY TCY AROLIN	
Married	i. Fill out both Column	is A and B, lines 2-11.						
August 31. I the result. D	If the amount of your r	ome that you received to the state of the st	uring the 6 m	on Septem	iber 15, th the incom	e 6-month period veron all 6 months and the same renders space.	vould be March 1 throug	h Fill in ome
_						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
our gross payroll dedu	wages, salary, tips, i	bonuses, overtime, and	d commissic	ns (before	all			
y. on dodd	odono),					\$	\$	
		nents. Do not include pa				\$	\$	
an unmarried	d partner, members of Do not include payme	nich are regularly paid fing child support. Includ fyour household, your de ents from a spouse. Do n	de regular co	entributions f	rom	\$		
let income	from operating a bus	siness, profession, or				Ψ	\$	
arm			Debtor 1	Debtor 2				
	ts (before all deduction		_{\$} 2,219	\$				
ordinary and	necessary operating	expenses	- \$	- \$				
et monthly i	income from a busines	ss, profession, or farm	<u>\$2,219</u>	\$	Copy here→	\$ <u>2,219.0</u> 0	\$	
et income f	from rental and other	r real property	Debtor 1	Debtor 2				
	s (before all deduction			Denior Z				
ross receipt:	o (perore all deduction	15)	· ·					
		•	\$	\$				
rdinary and	necessary operating encome from rental or contents.	expenses	\$ - \$	- \$				

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Debtor 1	MICHELLE First Name Middle Nam	YVETTE Last Name	HODG	Case numb	Der (if known)	19-05555-hb)
	, and a state of the state of t	Last Natile					
				Column A Debtor 1		Column B Debtor 2 or non-filing spo	use
7. Interes	st, dividends, and royaltic	9 s		\$		\$	
-	ployment compensation			\$		\$	-
Do not the So	enter the amount if you co cial Security Act. Instead, l	ontend that the amount list it here:	received was a benefit under				
For	you		. \$				
For	your spouse		. \$				
not incl States death o under o exceed under a	Government in connection of a member of the uniform or amember of the uniform or ameter 61 of title 10, then the amount of retired pay any provision of title 10 oth	Act. Also, except as sta ension, pay, annuity, or with a disability, comba ed services. If you rece include that pay only to to which you would oth er than chapter 61 of th	ted in the next sentence, do allowance paid by the United at-related injury or disability, o ived any retired pay paid the extent that it does not erwise be entitled if retired at title.	or \$		\$	_
as a vio terrorisi States (or death separat	include any benefits receivation of a war crime, a crime on; or compensation, pension government in connection of a member of the uniforce page and put the total between the control of the uniforce page and put the total between the control of the uniforce page and put the total between the total be	red under the Social Se against humanity, or in on, pay, annuity, or allo with a disability, comba med services. If neces: elow.	fy the source and amount. curity Act; payments received nternational or domestic wance paid by the United nt-related injury or disability, sary, list other sources on a	i	1		
DAL	JGHTER 292. 4 MON	ITHS / 6 = 195.		\$ <u>195</u>	5.00	\$	
				\$		\$	
Total a	amounts from separate pa	ges, if any.		+ \$		+ \$	
11. Calcula column.	ite your total average mo Then add the total for Col	onthly income. Add line umn A to the total for C	s 2 through 10 for each olumn B.	\$ <u>2,41</u> 4	.00 +	\$	= \$_2,414.00
							monthly income
Part 2:	Determine How to N	leasure Your Deduc	ctions from Income				
12 Copy ya							
				•••••			\$ <u>2,414.00</u>
	te the marital adjustment are not married. Fill in 0 be						
You	are married and your spou are married and your spou	ise is filing with you. Fill ise is not filing with you	in 0 below.				
Fill i you	n the amount of the incom	e listed in line 11 Colur	nn B, that was NOT regularly se's tax liability or the spouse	paid for the hoe's support of s	ousehold omeone	expenses of other than	
Belo		cluding this income and separate page.	the amount of income devot	ed to each pur	oose. If n	ecessary,	
If this	s adjustment does not app	ly, enter 0 below.					
				.			
***************************************				\$			
				+\$			
Total				s (0.00		0.00
				Ψ	, (Copy here 👈	<u> </u>
4. Your cur	rent monthly income. Su	btract the total in line 1	3 from line 12				n h

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ı	Debtor 1		YVETTE Is Name Last Name	HODGES Case number (if known) 19-05555-h	b		
1			nthly income for the year.				
	15a.	Copy line 14 here →	(the number of months in a		\$ <u>2,414.00</u>		
		x 12					
	15b.	\$_28,968.00					
16	6 Calc	ulate the median famil	y income that applies to y	Ed. T.			
		Fill in the state in which		SC			
		Fill in the number of pe		2			
	16c.	TO TITLE A RISE OF APPRICAL	size of household , go online using the link specified in the separate	\$_59,822.00			
		instructions for this form	n. This list may also be avai	lable at the bankruptcy clerk's office.			
17		do the lines compare?					
	17a.	Line 15b is less that 11 U.S.C. § 1325(b)	n or equal to line 16c. On th (3). Go to Part 3. Do NOT	e top of page 1 of this form, check box 1, <i>Disposable income is not</i> of fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2	letermined under)		
	17b.	Line 15b is more that	an line 16c. On the top of pa	age 1 of this form, check box 2. Disposable income in data.			
		11 0.0.0.	(3). Go to rait 3 and fill 0	ut Calculation of Your Disposable Income (Official Form 122C–2 only income from line 14 above.).		
P	art 3:	Calculate Your	Commitment Period U	Inder 11 U.S.C. § 1325(b)(4)			
18.	. Сору	your total average mo	nthly income from line 11				
	Dedu	ct the marital adjustme	ent if it annlies. If you are r	married your proups is not file.	\$_2,414.00		
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.							
	19a.	If the marital adjustment	does not apply, fill in 0 on li	ine 19a	_ s 0.00		
	19b.	Subtract line 19a from	line 18.		\$ 2,414.00		
20.	Calcu	ilate your current mon	thly income for the year. F	follow these stone	<u> </u>		
					\$ <u>2,414.00</u>		
	ı	Multiply by 12 (the numb	er of months in a year).		x 12		
	20b.	The result is your curren	t monthly income for the yea	ar for this part of the form.	00.000.00		
					\$ 28,968.00		
	20c, C	opy the median family in	come for your state and siz	e of household from line 16c	_{\$} 59,822.00		
		1- <i>4</i> 12 -					
		lo the lines compare?					
	✓ Lin Th	ne 20b is less than line 2 e commitment period is	0c. Unless otherwise ordere 3 <i>years</i> . Go to Part 4.	ed by the court, on the top of page 1 of this form, check box 3,			
	Пііп	e 20h is more than an a	uunida Kana oo oo oo				
	che	eck box 4, The commitm	lual to line 20c. Unless othe ent period is 5 years. Go to	erwise ordered by the court, on the top of page 1 of this form, Part 4.			

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Debtor 1

MICHELLE

YVETTE

HODGES

Case number (if known) 19-0555-hb

Part 4:

Sign Below

By signing here, under penalty of penury Lorclare that the information on this statement and in any attachments is true and correct.

Programs here, under penalty of penalty in declare that the information on this statement and in any att

Signature of Debtor 1

Date 17 17/19

Signature of Debter 2

Date MM / DD /YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Debtor 1	MICHELLE	YVETTE	HODGES	
•	First Name	Middle Name	Last Name	
Debtor 2				
Spouse, if filing)	First Name	Middle Name	Last Name	
Jnited States I	a			
Case number	19-05555-hb			
Jaco Harrison			···	

-2020 JAN -3 PM 4:58

US BANKRUPTCY DISTRICT OF SOUTH CAROLINA

Check if this is an amended filing

amended tiling

+ LAttuckment

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:

Give Details About Your Marital Status and Where You Lived Before

1.	□ ма	s your curre rried t married	nt marital s	status?						
2.	▼ No			you lived anywhere						
	De	ebtor 1:			Dates Debtor 1 lived there	De	btor 2:			Dates Debtor 2 lived there
		Number St	reet		From		Same as Debtor 1 Number Street			Same as Debtor 1 From To
	c	City		State ZIP Code	-		City Same as Debtor 1	State	ZIP Code	☐ Same as Debtor 1
	N 	lumber St	reet		From To		Number Street			From To
	c	ity		State ZIP Code			City	State	ZIP Code	
3.	No No	ina territories	s include An	u ever live with a sp zona, California, Idal Schedule H: Your Cod	io, Louisiana, Nevad	la, N∈	nt in a community pro ew Mexico, Puerto Rio 6H).	operty state co, Texas, V	e or territory? (Vashington, and	Community property Wisconsin.)

Part 2:

Explain the Sources of Your Income

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HODGES

btor		E HODGES	Case n	umber (if known)_19-05555-	hb
If	old you have any income from employm ill in the total amount of income you receiv you are filing a joint case and you have in	reu ironi ali lous and ali oni	thea paidulant page t	ima antivitian	lendar years?
2	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	bonuses, tips	\$21,371.00	Wages, commissions, bonuses, tips	\$
		Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	\$ 21,588.00	Wages, commissions, bonuses, tips	_
	(January 1 to December 31, 2018 YYYY	_) 🗹 Operating a business	Ψ	Operating a business	\$
	For the calendar year before that:	₩ages, commissions,		☐ Wages, commissions,	
	(January 1 to December 31, 2017	bonuses, tips Operating a business	\$21,173.00	bonuses, tips Operating a business	\$
Lis	employment, and other public benefit pays mbling and lottery winnings. If you are filin t each source and the gross income from No Yes. Fill in the details.	g a joint case and you have	e income that you receive	ed together, list it only once	suits; royalties; and e under Debtor 1.
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until	DAUGHTER	\$2,044.00		\$
	the date you filed for bankruptcy:		\$		\$
			\$		\$
	For last calendar year:	DAUGHTER	2,044.00		Φ.
	(January 1 to December 31, 2018)		Б		\$
	үүүү —				
	For the calendar year before that:	d	•		•
	(January 1 to December 31,2017				\$
	YYYY				\$

MICHELLE

Debtor 1

5.

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Debtor 1

MICHELLE
First Name Middle Name

YVETTE

HODGES

Case number (if known) 19-05555-hb

art 3:	List Certain Pay	/ments Yo	u Made Befo	ore You File	d for Bankruptcy		
Aro oitl	oor Dobton 41 D	-b40, t					
	ner Debtor 1's or De						
山 No.	Neither Debtor 1 incurred by an industrial	nor Debtor : lividual prima	2 has primarily arily for a person	y consumer d onal, family, or	lebts. Consumer debts a household purpose."	are defined in 11 U.S.C. § 10	01(8) as
					pay any creditor a total o	of \$6,825* or more?	
	No. Go to line						
	total alliot	unit you palu	mai creditor. D	io noi include l	f \$6,825* or more in one payments for domestic s ments to an attorney for	e or more payments and the support obligations, such as	
	* Subject to adjustr	ment on 4/01	1/22 and every	3 years after t	hat for cases filed on or	after the date of adjustment.	
☑ Yes	. Debtor 1 or Debto					,	
	During the 90 days	before you	filed for bankru	ntev did vou r	euts. Pay any creditor a total o	f \$600 or	
	No. Go to line 7			proy, and you p	ay any creditor a total o	1 \$600 or more?	
	or duntor. D	o not module	c payments for	QUINESUC SIDI	\$600 or more and the toport obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and ase.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name				\$	\$	☐ Mortgage
	Creditor's Name						☐ Mortgage
	Number Street						
							☐ Credit card
							Loan repayment
	City	01-1					Suppliers or vendors
	Oity	State	ZIP Code				Other
					\$	\$	
	Creditor's Name				*	Ψ	Mortgage
							Car
	Number Street						Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other
	Creditor's Name			***************************************	\$	\$	☐ Mortgage
							☐ Car
	Number Street						Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZIP Code				Other
	7	Giale	ZIF Code				WI Oulei

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HODGES

Debtor 1	MICHELLE First Name Middle Na	YVETTE me Last Name	HODGES	3	Case number (if known	, 19-05555-hb
	Sidesic 102	me Last Name				
cor	poradons of which you are	s; any general partners an officer, director, pe iness you operate as a	s; relatives of any g erson in control, or	eneral partners; r	partnerships of which	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
Ø	Yes. List all payments to a	an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	HANNAH		05/20/2019	s 700.00	. 0.00	Cleared up all loans.
	Insider's Name	WILL THE		\$	\$0.00	Cleared up all loans.
	6 Young Harris dr					
	Namber dates					
	Simpon ill-	222				
	Simpsonville City	SC 29681 State ZIP Code	_			
	Insider's Name			\$	\$	
	Number Street					
	Number Street					
			-			
	City	State ZIP Code	_			
	•	State ZIP Code				
. With	iin 1 year before you filed nsider?	l for bankruptcy, did	you make any pa	yments or transf	er any property o	n account of a debt that benefite
	ide payments on debts gua					
A		· ·	,			
	es. List all payments that	benefited an insider.				
			Dates of	Total amount	Amount you still	Reason for this payment
			payment	paid	owe	Include creditor's name
	Insider's Name		_	\$	¢	
	msider's Name			· · · · · · · · · · · · · · · · · · ·	Ψ	
	Number Street	MAC TO THE TOTAL T				
	City	State ZIP Code	_			
	Insider's Name			\$	\$	
	Number Street					
			-			

City

State

ZIP Code

MICHELLE

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Debtor 1

MICHELLE

YVETTE

HODGES

Case number (if known) 19-05555-hb

Within 1 year before you filed for bankrup List all such matters, including personal inju- and contract disputes.	otcy, were you a party in any lawsui ry cases, small claims actions, divorce	t, court action, or adress, collection suits, pate	ministrative proceed ernity actions, suppor	ling? rt or custody modificat	
☐ No ☑ Yes. Fill in the details.					
	Nature of the case	Court or agency		Status of the case	
Case title WELLS FARGO BANK	FORECLOSURE -	COURT OF APP	PEALS	Pending	
v. MICHELLE HODGES et all	-	1220 SENATE S	ST	On appeal Concluded	
Case number 2017CP2308016	-	COLUMBIA	SC 29201		
Case title MICHELLE HODGES	DECLATORY JUDGMENT AND TEMPORARY INJUN	COURT OF COI		— ☑ Pending	
et all v. WELLS FARGO BANK	S FARGO BANK 305 E.	305 E. NORTH S	05 E. NORTH ST		
Case number 2019cp2304198	-	GREENVILLE	SC 29601	Concluded	
Tithin 1 year before you filed for bankrup theck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.		ssessed, foreclosed, (
heck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.	tcy, was any of your property reposow. Describe the property	ssessed, foreclosed, (garnished, attached Date	Value of the property	
heck all that apply and fill in the details beld No. Go to line 11.	ow.	ssessed, foreclosed, (, seized, or levied? Value of the property	
heck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.	ow.	ssessed, foreclosed, q		Value of the property	
heck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Describe the property	sessed.		Value of the property	
heck all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Explain what happened Property was repose Property was forecide Property was garnis	sessed. osed,		Value of the property	
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happened Property was repose Property was forecide Property was garnis	sessed. osed. hed.		Value of the property	
heck all that apply and fill in the details beld No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happened Property was repose Property was forecle Property was garnis Property was attached	sessed. osed. hed.	Date	Value of the property	
heck all that apply and fill in the details beld No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIP (Explain what happened Property was repose Property was forecle Property was garnis Property was attached	sessed. osed. hed.	Date	Value of the property \$ Value of the property	
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIP C	Explain what happened Property was repose Property was forecle Property was garnis Property was attache Describe the property	sessed. osed. hed. ed, seized, or levied.	Date	Value of the property \$ Value of the property	
Creditor's Name Creditor's Name Creditor's Name	Explain what happened Property was repose Property was forecle Property was garnis Property was attache Describe the property Explain what happened	sessed. osed. hed. ed, seized, or levied. sessed.	Date	Value of the property \$ Value of the property	

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HODGES

riullii au days bet CCOUnts or refiice	ore you filed for bank	ruptcy, did any creditor, including a bank or financial institu	ution, set off any a	amounts from vour
1 No	to make a payment b	ecause you owed a debt?	,	your
Yes. Fill in the d	etails			
	o cano.			
		Describe the action the creditor took	Date action	Amount
Creditor's Name	· · · · · · · · · · · · · · · · · · ·		was taken	
Number Street				\$
				-
		_		
City	State ZIP Code			
•	State ZIP Code	Last 4 digits of account number: XXXX	_	
ithin 1 vear before	You filed for bankrun	atour was annual a		
editors, a court-a	ppointed receiver, a ci	otcy, was any of your property in the possession of an assiqustodian, or another official?	gnee for the benel	fit of
No	,	and the control of th		
Yes				
List Certain	n Gifts and Contrib	utions		
No Yes. Fill in the det	tails for each gift.	otcy, did you give any gifts with a total value of more than \$		
Yes. Fill in the det	tails for each gift.	Describe the gifts	Dates you gave	Value
Yes. Fill in the det Gifts with a total v	value of more than \$600	Describe the gifts		Value
Yes. Fill in the det Gifts with a total v per person Hannah Hodg	value of more than \$600	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	000 0
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G:	value of more than \$600	Describe the gifts	Dates you gave	
Yes. Fill in the det Gifts with a total v per person Hannah Hodg	value of more than \$600	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G:	value of more than \$600	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	000 0
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar	value of more than \$600	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson	value of more than \$600	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar	value of more than \$600	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You Go 310 Boulevar Number Street Anderson City	es ave the Gift SC State ZIP Code	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You Go 310 Boulevar Number Street Anderson City	value of more than \$600 es ave the Gift	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship	SC State ZIP Code to you DAUGHTER	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship	es ave the Gift SC State ZIP Code	Describe the gifts PART OF TAX REFUND, AS SHE IS CLAIMED.	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship	SC State ZIP Code to you DAUGHTER	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018	\$\$ \$
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$\$ \$
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$ Value
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You Ga 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$ Value
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You G: 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$ Value
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You Ga 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person Person to Whom You Gar	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$ Value
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You Ga 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$ Value
Yes. Fill in the det Gifts with a total v per person Hannah Hodg Person to Whom You Ga 310 Boulevar Number Street Anderson City Person's relationship Gifts with a total valuer person Person to Whom You Gar	SC State ZIP Code to you DAUGHTER ue of more than \$600	PART OF TAX REFUND, AS SHE IS CLAIMED AS A DEPENDENT	Dates you gave the gifts 05/14/2018 Dates you gave	\$600.00 \$ Value

MICHELLE

Debtor 1

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Debtor 1

	MICHELLE First Name Middle Na	YVETTE ame Last N	HODGES	Case number (if known)	19-05555-hb	
. Withir	n 2 years before you fi	led for bankrupt	cy, did you give any gifts or con	tributions with a total valu	e of more than \$	600 to any charity?
☐ No	o es. Fill in the details for o	each gift or contri	bution.			
t	Gifts or contributions to c hat total more than \$600	harities	Describe what you contributed		Date you contributed	Value
Ch	arity's Name				Manager Application	\$
**********						\$
Nu	mber Street	Miles Company				
City	/ State ZIP Cod	de				
C-	I					
rt 6:	List Certain Loss	es				
Đ	s. Fill in the details. escribe the property you i	lost and	Describe any insurance coverage for Include the amount that insurance has claims on line 33 of Schedule A/B: Pro	naid List pending incurance	Date of your loss	Value of property lost
						\$
Vithin	modited about seckilla	i nankrupicy of I	, did you or anyone else acting o preparing a bankruptcy petition?)		to anyone
	any attorneve hankrun	icy peniion prepa	rers, or credit counseling agencies	s for services required in you		
nclude No	any attorneys, bankrup		g Lgonoto.	is de visco required in you	ır bankruptcy.	
nclude No	any attorneys, bankrup					
nclude No Yes	any attorneys, bankrup		Description and value of any propert	ty transferred	r bankruptcy. Date payment or transfer was made	Amount of payment
nclude No Yes	any attorneys, bankrup			ty transferred	Date payment or transfer was	Amount of payment
No Yes	e any attorneys, bankrup s. Fill in the details. rson Who Was Paid mber Street			ty transferred	Date payment or transfer was	Amount of payment \$ \$
Per City	e any attorneys, bankrup s. Fill in the details. rson Who Was Paid mber Street			ty transferred	Date payment or transfer was	Amount of payment \$ \$

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ebtor 1	MICHELLE	YVE	TTE	HODGES		10 05555	q.
	First Name	Middle Name	Last Name		Case number (if known)	19-05555-ND	
			r	Description and value of any prope	netra tronnata d	_	
				, and think of any prope	aty transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid						
	Number Street						\$
							\$
							a
	City	State ZIP Cod	e				
	Email or website address						
	Person Who Made the Pa	yment, if Not You	·				
M V	ot include any paym lo 'es. Fill in the details		,				
			De	scription and value of any propert	y transferred	Date payment or transfer was	Amount of paymen
	Person Who Was Paid					made	
	Number Street						\$
							•
	City	State ZIP Code					\$
Includ Do no	e both outright trans t include gifts and tra	fers and transfer	s made s	id you sell, trade, or otherwise ess or financial affairs? is security (such as the granting ady listed on this statement.	e transfer any property to	o anyone, other tha	n property erty).
D			Des tran	cription and value of property sferred	Describe any property o or debts paid in exchan	or payments received ge	Date transfer was made
P	erson Who Received Trans	sfer	_				
N	umber Street		_				
_			-				
Cit	ty :	State ZIP Code	-				
Pe	erson's relationship to y	ou	_				
Pe	rson Who Received Transf	er					
Nu	mber Street						
_							
City	, s	tate ZIP Code					
Per	rson's relationship to yo						

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Case number (if known)_19-05555-hb

HODGES

are a	n 10 years betore you fil	ed for bankru	ptcy, did you transfer any prope	erty to a self-settled	iet or eimilan deutee	ushi ah
	zononolary: (These are	often called as	sset-protection devices.)	rry to a self-settled tru	ist or similar device of	which you
☑ No	0					
☐ Ye	es. Fill in the details.					
			Description and value of the prop	erty transferred		Date 4
						Date transfer was made
Na	nme of trust					
art 8:	List Certain Financi	al Accounts	, instruments, Safe Deposit	Boxes, and Stores	e Units	
0. Within	1 1 year before you filed	for bankrupto	cy, were any financial accounts	or instruments held in	Vour name, or for your	hanafit
	,, rand and all alation	CIECU:				
broker	e checking, savings, mo rage houses, pension fo	oney market, o	or other financial accounts; cert tives, associations, and other fi	ificates of deposit; sha	ares in banks, credit un	ions,
☑ No	, and the second second second	ilius, coopeia	uves, associations, and other fi	nancial institutions.		
	s. Fill in the details.					
			I not 4 altists.			
			Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved,	Last balance before closing or transfer
W	ELLS FARGO				or transferred	closing or transfer
	me of Financial Institution		xxxx - <u>4</u> 1 7 9	_		
			AAAA 1 1 9	Checking	***************************************	\$ 0.0
Nu	mber Street			☐ Savings		
				Money market		
City	y State	ZIP Code		Brokerage		
				☐ Other		
-			XXXX	D		
Nan	me of Financial Institution		^^^	Checking		\$
Nun	mber Street			Savings		
	unei offest			Money market		
		· · · · · · · · · · · · · · · · · · ·		☐ Brokerage ☐ Other		

MICHELLE

Debtor 1

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Debtor	1 MICHELLE First Name	Middle Name	YVETTE	HODG	ES	C	Case number (if known) 19-05555-hb	
ų	NO				our hom	ne within 1 ye	ear before you filed for bankruptcy?	
Ø	Yes. Fill in the deta	ails.		Who else has or had	d access t	o it?	Describe the contents	Do you still have it?
	COMPAC SEL Name of Storage Facil		RAGE	STANLEY G. Y	WITHE	RSPOON	LOVE SEAT BARBIE JEEP AN — MY BROTHER'S FURNITURE	D No ☑ Yes
	4 N. KINGS RI Number Street)	7/41/	222 RUTHERI Number Street	FORD I	RD	_	MA Tes
Part	GREENVILLE Gity 91 Identify Pa	SC State	29601 ZIP Code	GREENVILLE CityState ZIP Code or Control for Som		29601	_	
23. Do or	you hold or contro hold in trust for sor	l any pro neone.		···			you borrowed from, are storing for,	
				Where is the property	13		Describe the property	Value
	STANLEY G. W	VITHEF	RSPOON	6 YOUNG HARRIS DR		SINGLE FAMILY RESIDENCE TENANTS IN COMMON _ 50% OWNER	<u>\$ 215,000.</u> 00	
	Number Street 222 Rutherford	RD		Number Street				
	Greenville	SC State	29601	Simpsonville city	SC State	29681 ZIP Code	-	
Part '	10: Give Detail	is Abou		nental information				
For the	e purpose of Part 10							
<i>En</i> thaz	<i>vironmental law</i> me zardous or toxic sut	ans any	federal, stat s, wastes, or	e. or local statute or	land so	il surface w	g pollution, contamination, releases of ater, groundwater, or other medium,	
Site	e means any locatio	n, facilit	y, or proper		nv envir	onmental law	s, or material. v, whether you now own, operate, or	
Haz	zardous material me	ans any	thing an en		ies as a l		aste, hazardous substance, toxic	
				that you know about,		ess of when	they occurred.	
							der or in violation of an environmental la	aw?
	No Yes. Fill in the detai	ils.						
				Governmental unit		Environ	mental law, if you know it	Date of notice
	Name of site			Governmental unit				·
i	Number Street			Number Street				
•				City State	ZIP Code			
;	City	State	ZIP Code					

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ebtor 1	MICHELLE First Name Middle I	YVETTE	HODGES	Case number (if known) 19-05555-hb	
	Wildlie /	vaine Last	Name	-	
25. Hav	e you notified any gove	ernmental unit o	f any release of hazardous mate	arial?	
¥			man	: iai :	
	Yes. Fill in the details.				
			Governmental unit	Environmental law, if you know it	Date of notice
					Date of House
	Name of site		Governmental unit	<u> </u>	
	Number Street		Number Street		
			City State ZIP Code		
			City State ZIP Code		
	City St	ate ZIP Code			
. Have	you been a party in a	ny judicial or adr	ministrative proceeding under a	ny environmental law? Include settlements an	d
Z ı	lo			moldde settlements an	u orders.
D 1	es. Fill in the details.				
			Court or agency	Nature of the case	Status of the
C	Case title				case
		***************************************	Court Name		Pending
					On appeal
			Number Street		☐ Concluded
7	ase number				
			City State ZIP Co	ode	
art 11	Give Details At	out Your Busi	ness or Connections to An	v Business	
. With	in 4 years before you fi	led for bankrupt	cv. did vou own a business or l	12Ve any of the following compactions to	ueinoce?
•	w wante brobileror of	seir-empioyea ii	1 a trade, profession, or other a	ctivity, either full-time or part-time	usilless :
	A member of a limiteA partner in a partne	ed liability compa	any (LLC) or limited liability par	tnership (LLP)	
			cutive of a corporation		
			or equity securities of a corpo	ration	
	o. None of the above a			ation	
☑ Y	es. Check all that apply	y above and fill i	n the details below for each bus	sinase	
	MICHELLE HODGE		Describe the nature of the busines		er
	Business Name			Do not include Social Security	
	6 YOUNG HARRIS	DR	COURIER	EIN:	
i	Number Street		Manus et al.		
			Name of accountant or bookkeepe	Pr Dates business existed	
;	SIMPSONVILL SO	C 29681	N/A	From 04/17/2017To	
7	City Stat				
_			Describe the nature of the busines		
Ī	Business Name			Do not include Social Security	number or ITIN.
-	lumbor Cinci			EIN:	
	lumber Street		Name of accountant or bookkeepe		
-				Para prolifera central	
•	AND	····		From To	
(ity Stat	e ZIP Code			

ZIP Code

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otor 1 VIIONELLE First Name		YVETTE	HODGES	Case number (if known) 19-05555-hb
	Middle Name	Last Na		Gase Humber (II MIOWII)
				Employer Identification number
			Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name				Do not include Social Security number of ITIN.
				EIN:
				bill
Number Street			Name of accountant or bookkeeper	Dates business existed
				From To
City	State	ZIP Code		
institutions, creditors institutions	i, or other	parties.	cy, did you give a financial statemen	t to anyone about your business? Include all financial
Yes. Fill in the det	ails below	v.		
		•	Date issued	
Name		-	MM / DD / YYYY	
			mm / 55 / 1 1 1 1	
Number Street				
Homber Street				
City	State	ZIP Code		
1121 Sign Below				
t 12: Sign Below				
		s Statement	of Einangial Affaire and any off all	
I have read the answ	ers on thi	s Statement of	of Financial Affairs and any attachm	ents, and I declare under penalty of perjury that the
I have read the answ answers are true and in connection with a	ers on thi d correct. bankrupt	cy case can r	that making a talse statement conc	ealing property or obtaining manay or property by feet d
I have read the answ answers are true and	ers on thi d correct. bankrupt	cy case can r	that making a talse statement conc	ents, and I declare under penalty of perjury that the ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have read the answ answers are true and in connection with a	ers on thi d correct. bankrupt	cy case can r	that making a talse statement conc	ealing property or obtaining manay or property by frond
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134	ers on thi d correct. bankrupt	cy case can r	that making a false statement, concresult in fines up to \$250,000, or imp	ealing property or obtaining money or property by funda-
I have read the answ answers are true and in connection with a	ers on thi d correct. bankrupt	cy case can r	that making a talse statement conc	ealing properly or obtaining money or property by funda-
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134	ers on thi d correct. bankrupt 1, 1519, a	cy case can r	result in fines up to \$250,000, or imp	ealing property or obtaining money or property by funda-
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134	ers on thi d correct. bankrupt 1, 1519, a	cy case can r	that making a false statement, concresult in fines up to \$250,000, or imp	ealing properly or obtaining money or property by funda-
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Debtor	ers on thi d correct. bankrupt 1, 1519, a	cy case can r	result in fines up to \$250,000, or imp	ealing property or obtaining money or property by funda-
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Debtor	ers on this discorrect. bankrupte 11, 1519, a	r understand cy case can r and 3571.	That making a false statement, concresult in fines up to \$250,000, or imp Signature of Dektor 2	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Debtor	ers on this discorrect. bankrupte 11, 1519, a	r understand cy case can r and 3571.	That making a false statement, concresult in fines up to \$250,000, or imp Signature of Dektor 2	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Debtor Date Did you attach addition	ers on this discorrect. bankrupte 11, 1519, a	r understand cy case can r and 3571.	That making a false statement, concresult in fines up to \$250,000, or imp Signature of Dektor 2	ealing properly or obtaining money or property by funda-
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Deutor Date Did you attach additional No	ers on this discorrect. bankrupte 11, 1519, a	r understand cy case can r and 3571.	That making a false statement, concresult in fines up to \$250,000, or imp Signature of Dektor 2	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Debtor Date Did you attach addition	ers on this discorrect. bankrupte 11, 1519, a	r understand cy case can r and 3571.	That making a false statement, concresult in fines up to \$250,000, or imp Signature of Dektor 2	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Deutor Date Did you attach additional No	ers on this discorrect. bankrupte 11, 1519, a	r understand cy case can r and 3571.	That making a false statement, concresult in fines up to \$250,000, or imp Signature of Dektor 2	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have read the answ answers are true and in connection with a 18 U.S.C. §§ 152, 134 Signature of Deutor Date J Did you attach addition No Yes	ers on this discorrect. bankrupte 11, 1519, a	es to Your Sta	Signature of Dektor 2 Date atement of Financial Affairs for Individuals	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
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2018CP2302716
Personal injury
Michelle Hodges v. Wells Fargo, Rogers Townsend Thomas
consolidated in a motion wit 2017cp2308016

2016CV2310201326
Personal Injury
Zenobia Bodison v. Michelle Hodges
Insurance claim Daughter rear ended Ms. Bodison

20192370769138
Michelle Hodges
Traffic ticket/disposed

Attachment to Statement of Financial affairs

				FILED
Fill in this in	nformation to identi	fy your case:		
Debtor 1	MICHELLE	YVETTE	HODGES	2020 JAN -3 PM 5: 00
	First Name	Middle Name	Last Name	*******
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	US BANKRUPTCY — DISTRICT OF SOUTH CAROLIN
United States	Bankruptcy Court for th	e: District of South Caroli	ina	
Case number	19-05555hb			

Official Form 106Sum

(If known)

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.					
Part 1: Summarize Your Assets					
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Your assets Value of what you own \$107,500.00				
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>25,019,312.00</u>				
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>25,126,812.00</u>				
Part 2: Summarize Your Liabilities					
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$				
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$\$,				
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ 3,057.00				

☐ Check if this is an

amended filing

Case 19-05555-hb Doc 30 Filed 01/03/20 Entered 01/06/20 08:58:57 Desc Main

Case number (if known) 19-05555hb

			Document	Page 50 of 50	
Debtor 1	MICHELLE	YVETTE	HODGES	Cone num	nhan (%) 19-05555hh

Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 2,414.00 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 10,623.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

10.623.00